

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 / 107

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wasserman-Schultz for Congress

A.

Full Name (Last, First, Middle Initial)

GIFFORDS FOR CONGRESS

Mailing Address PO Box 27565

City
TucsonState
AZZip Code
85726Purpose of Disbursement
ContributionCandidate Name
GABRIELLE GIFFORDSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: D279905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

GREENBERG, TRAURIG, HOFFMAN, LIPOFF, ROSEN & QUENT

Mailing Address 1221 BRICKELL AVENUE

City
MIAMIState
FLZip Code
33121Purpose of Disbursement
Food and Beverage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D269731

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

C.

Full Name (Last, First, Middle Initial)

Grill Room

Mailing Address 620 East Las Olas Blvd

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Fundraising expense meal

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D274852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	7

Amount of Each Disbursement this Period

67.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1667.03

TOTAL This Period (last page this line number only)